

# Memories of an Extra Terrestrial from the Functional GI Clinic at UNC

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*“You know, doctor, I have seen so many doctors before  
I came here and nobody asked me these questions...  
Do you think what I’ve just told you is relevant?”*

“Dr. Z, your patient is in room four”, Tina, the clinic nurse sprayed me in her staccato speech as she glanced at the schedule posted on the wall and marked a “v” next to the patient’s name. I was sitting in the Doctor’s room reviewing the documents of my next patient.

At the beginning, it appeared straightforward: Mrs. X, a woman in her 50’s with a long-standing abdominal pain. Her voluminous chart compiled numerous doctor visits and whatever diagnostic test that you may have in mind. You name it, she’s had it. All of them: EGD, colonoscopy, abdominal ultrasound, CT scans, MRI’s. The first doctor she saw thought it may have been her gallbladder that had gone awry. So he did an abdominal ultrasound. The results: normal gallbladder. No evidence of gallstones or other structural lesion. By further pursuing his concept, her M.D. ordered a biliary scan. Maybe the gallbladder does not contract as it should, causing Mrs. X such a bad pain. So a biliary scan was performed. The gallbladder did appear to contract somewhat poorly. So, it was decided to it take out. After surgery (uneventful, we should say), pain persisted. She did note, though, that her stools became loose and she had to move her bowels after each meal. She returned to her doctor, still complaining of pain. If it’s not your gallbladder, then it must have to do with your sphincter of Oddi, the valve that controls the discharge of bile and pancreatic secretions into the small bowel. We can fix that for you. So Mrs. X went in for an ERCP and sphincterotomy. This procedure was

complicated by severe pancreatitis, for which Mrs. X was in hospital for 2 weeks. Thanks to God, her doctors and antibiotics she made a complete recovery. And what about her pain? It was still there. Nagging, persistent. In fact, it has become worse, to the point that narcotics were needed to control it. Mrs. X had no choice but to start shopping around for remedy. She visited several major medical centers. Those spectacled doctors, mummified in their white coats looked into her entrails. They measured some pressures in her gut. They made her swallow a tiny camera that would take pictures of her inside. There are lots of things out there in the marketplace. They explained to her things that she did not understand. Yet,

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*“Yes”, I admitted. “I am from Israel.”*

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her pain persisted. When conventional medicine has failed, in came all the alternative wizards. She saw a bunch of them:

sphincterologists, naturopaths, healers by faith, healers by touch, macrobiotic dietitians, microbiotic dietitians. Nothing helped. Eventually, she found her way to the UNC functional GI disorders clinic. Browsing through her documents, one could glean a wealth of information about her anatomy, her physiology, her chemistry, her histopathology.

Yet, there was nothing there about her as a person. As a human being. What were her life circumstances. Why has she divorced her husband. How does she feel as a patient afflicted by a chronic condition that no one could explain to her or even find a suitable title for. There she was, in room four, waiting for cure.

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“I’ll try my best”, I said.

After discussing her bodily symptoms, the interview went on to focus on her personal issues. Her psychological sphincters; her emotional barriers. All of a sudden, without a premonitory sign, she burst into tears. I handed her a box of tissues, an indispensable item in this clinic. She wiped her tears, and went on with her life story: Growing up in a small farm; an abusive, alcoholic father; Sexual abuse starting at age 4 by her uncle and a neighbor; Marriage to an abusive, physically violent man whom she later divorced; It all poured in an avalanche. After all this came out, she sighed.

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The patient described in this memoir is entirely fictitious. Mrs. X is actually a composite of numerous patients I have seen during my 15-month period in UNC. In this era of hi-tech medicine, when doctors are more interested in imaging, performing endoscopies, laparoscopies and other minimal invasive procedures that sometimes culminate in not-so-minimal adverse outcomes, the functional GI disorders clinic at UNC remains a unique place where medicine is preserved as it should be, a humane profession. A place where a patient is regarded as a person and not as a sequence of nebulous shapes and forms seen on MRI and CT scans.

I would like to dedicate this memoir with deep respect to the UNC Center of Functional GI & Motility Disorders. I would like to thank all the physicians, PA’s, nurses and staff of the functional GI disorders clinic and of the GI division. And most of all, I would like to thank the patients I have had the privilege to take care of on my sabbatical. This was really a significant experience for me, one I’ll never forget.

Dr. Joseph Zimmerman is a graduate of the Hebrew-University-Hadassah Medical School in Jerusalem, where he completed his residency in Internal Medicine and a fellowship in Gastroenterology. During his stay in UNC, Dr. Zimmerman served as adjunct faculty in the functional GI and Motility clinic and the Division of Gastroenterology and Hepatology. He also participated in the research programs at the UNC Center for Functional GI & Motility Disorders and worked to validate some of the scales he had previously developed for measurement of symptoms in the English language. He also studied the course and results of detoxification protocol in treating narcotic bowel syndrome.

